



# CARF

# News Bulletin

(Official Publication Of The Cancer Aid & Research Foundation)

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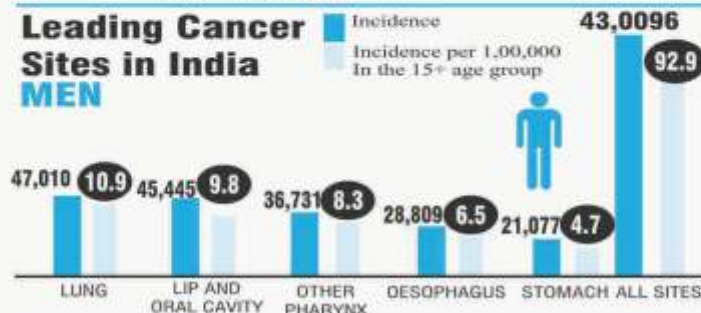


## THE GIANT KILLER

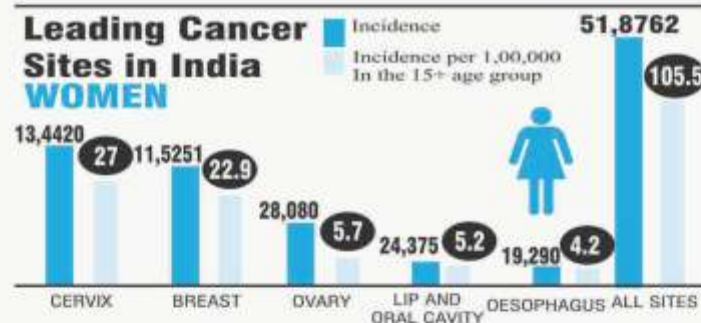
The International Agency for Research on Cancer prepared a statistical chart, GLOBOCAN 2008, to estimate cancer incidence in several Asian countries, including India



### Leading Cancer Sites in India MEN



### Leading Cancer Sites in India WOMEN



### LEADING CANCER SITES IN ASIA

#### MALE

Site	Incidence	ASR*
Lung	60,4,629	32.4
Stomach	48,4,411	25.9
Liver	41,6,589	21.6
Colorectal	28,3,596	15.1
Oesophagus	24,7,060	13.2
All sites	32,41,249	170.6

#### FEMALE

Site	Incidence	ASR*
Breast	52,8,927	26
Cervix	31,2,990	15.3
Lung	26,8,434	13.1
Stomach	24,3,154	11.7
Colorectal	22,5,688	11
All sites	28,51,110	139.6

\*Age standardised rate per 1,00,000

## BREAST CANCER MAY DOUBLE BY 2025 IN CITY

### Women Above 50 Form Highest Risk Group

Just as the month-long awareness of breast cancer begins, there is a bit of bad news for Mumbai's women, especially those 50 years old and above. A study in Cancer Epidemiology journal says the incidence of breast cancer is likely to double to over 2,500 cases by 2025. In 2001-2005, the average incidence was 1,300 cases. After reviewing 30 years of the cancer registry data in Mumbai, Tata Memorial Hospital's doctors have worked out that this increase is likely to be highest in the 50-74 age group.

The reasons for this spike in cancer cases are well known. "Adaptation of a western lifestyle—an increased prevalence of ill-defined series of reproductive, hormonal and dietary determinants in the populations—has been postulated as a primary reason for the increasing breast cancer incidence rates among Asian and Asian American women," said the study led by Dr Rajesh P Dikshit, who heads the epidemiology department of Tata Memorial Hospital. The study also found an association between socio-economic status and the risk of breast cancer, with women in higher socio-economic groups at a higher risk than women with lower average social status.

The study found an interesting age-related difference in the data: incidence rate of breast cancer in younger women in Mumbai had increased by 1% per annum from 21.2 per 100,000 during 1976-1980 to 27.3 in 2000-2005. "The incidence of breast cancer in the city peaked a few years back," said Dr Dikshit. The incidence in older women, however, has been high and may continue to rise drastically. For instance, the incidence rate among older women increased by 1.6% per year, from 65.8 in 1976-1980 to 94.7 in 2001-2005. "Based on the current trends, we predict that the total burden of breast cancer in Mumbai will certainly increase and may reach over 2,500 cases by 2025, largely as a result of the changing demographic profile of Mumbai," the study said, adding that preventive measures can potentially reduce this burden. -Times of India, October 2, 2013

### SELF-EXAMINATION FOR BREAST CANCER

Lie on the back, place the right arm behind the head. The finger pads of the middle three fingers of the left hand should be used to feel for lumps on the right breast. Small concentric motions should be made using different levels of pressure light to feel tissue closest to skin, medium to feel a little deeper and firm pressure for tissue near the ribs.

The same pattern should be used to examine the left breast, with the right hand. The underarms should be also be examined

Also conduct a visual examination of breasts for changes of size, shape, contour, dimpling or redness or scaliness of the nipple or breast skin. Any lump or sudden change in appearance should be immediately reported to a doctor.



**Thoughts Of .....****Dr. Wasim Phoplunkar MD**

Consultant Radiation Oncologist  
International Oncology Services  
Dr.L.H.Hiranandani Hospital,  
Powai,Mumbai

In cervical cancer, (cancer of the *uterine cervix*), cancer develops in the tissues of the cervix, which is a part of the female reproductive system. The cervix connects the upper body of the uterus to the vagina.

Although cancer of the cervix can develop in women of all ages, it usually develops in women aged 35-55 years, with the peak age for incidence varying with populations. In India, the peak age for cervical cancer incidence is 45-54 years. India has a disproportionately high burden of cervical cancer. Although its age standardized death rate of 9.5 deaths per 100,000 population is representative of global rates, it accounts for nearly one-third of global cervical cancer deaths, and there is considerable excess mortality from cervical cancer in India relative to the world, and the South Asia region. Cervical cancer is the third largest cause of cancer mortality in India. Among women, it is the leading cause of cancer mortality, accounting for 26% of all cancer deaths.

The main risk factor for the development of cervical cancer is human papilloma virus (HPV) infection, DNA of which has been found in almost all cases of invasive cervical cancer. HPV is a sexually transmitted infection, making cervical cancer a chronic disease with an infectious aetiology. 3-10% of women with HPV develop persistent infections, and are at high risk of developing cervical cancer.

Early age of first intercourse, multiple sexual partners, unprotected sex and sex with uncircumcised men, have been found to increase the risk of contracting HPV infection.

There are additional factors that increase the risk of developing cervical cancer after contracting HPV infection. These include smoking, oral contraceptive use, high parity, and infection with other sexually transmitted diseases such as HIV, Herpes, Chlamydia, gonorrhoea, and syphilis, high parity (3 births or more) increases the risk of cervical cancer by 51% compared to women with no births. Cervical cancer is preventable and curable if detected at an early stage. The 5 year survival rate of cervical cancer when detected at the earliest stage is 92%, and the combined 5 year survival rate for all stages is 71%. Since early detection predicts better prognosis, one of the most effective ways of preventing and controlling cervical cancer is regular screening and early diagnosis. Despite the fact that more than 80% of cervical cancer cases are in developing countries, only 5% of women there have ever been screened for cervical abnormalities. The most effective method of screening employed in the developed world has been cytology based using Pap smears, which has contributed considerably to reducing incidence of and mortality from, cervical cancer.

A screening programme will not be successful if an effective treatment and management programme is not established to run along side it. The management and treatment of cervical cancer entails accurate diagnosis of pre-cancer or cancer cells followed by appropriate treatment and follow up of the patient, and effective rehabilitation and palliative care for advanced cancer patients.

## A Hi-tech Device in Bra can Help Detect Breast Cancer Early

An inconspicuous device in your bra could help catch breast cancer early! The humble brassiere could play a more pivotal role as a US based company has unveiled plans for a hi-tech device that can be worn inside the bra to help detect breast cancer.

Catching the cancer early is crucial to survival rate and the efficacy of traditional annual mammograms as a reliable detection method is being called into question, with tumours beginning to form up to six years before they can be detected using mammograms. The company believes that their device will be able to detect tumours early and reduce the rate of false positives and negatives, thereby helping women seek treatment as soon as possible following a diagnosis.

The invention takes the form of a sensor that is placed inside the bra where it will measure any changes in cell temperature caused by the blood vessel growth associated with tumours as they develop. The sensor will also contain software that uses pattern recognition, chronology and artificial intelligence to look for changes in breast tissue that might indicate a tumour was present, Medcitynews.com reports.

The report said that the size of breast tumours and how far the cancer has spread are crucial elements in determining the prognosis of women diagnosed with breast cancer.

Advancing technology - 3D mammography and thermography, for example - have gone some way in bringing early diagnoses to women, but these common methods are not infallible. "Concerns with patient discomfort, exposure to radiation and false positives and negatives have spurred the creation of numerous other screening methods," the company First Warning Systems said. The launch of the bra is said to be in 2013. -Times of India, Oct 13, 2012.

## CARF welcomes its new Trustees



**Ms. Rohini Ramnathan**  
Radio Jockey,  
Mumbai, India



**Mr. Shams A. Dean**  
Retired Businessman,  
Australia.

### ATTENTION READERS !

To enable us to communicate with you effectively, we request you to kindly send us your email ID, date of birth and change of address if any, to  
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[carf@cancerarfoundation.org](mailto:carf@cancerarfoundation.org)





## Cancer Statistics in Indian Women

The crude breast cancer cases in urban Indian women is 25-30 and the age adjusted rate is 30-35 new cases per 1,00,000 women per year. Breast cancer is increasing – the average increase over a 30 year period in Mumbai was 11 per cent per decade. Breast cancer is increasing both in young (11 percent per decade) and old women (16 percent per decade). There are an estimated 1,00,000-1,25,000 new breast cancer cases in India every year. The number of breast cancer cases in India is estimated to double by 2025. The age adjusted incidence of cervix cancer in urban India is 15-20 new cases per 1,00,000 women per year. The incidence of cervix cancer is 1.5 to 2 times higher in rural women. Overall it remains the commonest cancer in Indian women. Cancer of cervix is decreasing in urban women at the rate of 18 per cent per decade. Ovarian cancer incidence has remained stable in the past few decades. - Times of India, October 20, 2012

## Know More About HPV Vaccine

Virtually all cervical cancers are caused by a virus called Human Papilloma Virus (HPV). There are many types of HPV. HPV is usually acquired through skin-skin contact and genital HPV through sexual intercourse. Most HPV infections are cleared by the body similar to how we clear a flu virus. Some times HPV can stay in the body for a long time. Only persistent infection with high risk HPV will lead to precancerous cells on the cervix and if precancerous cells are left untreated can lead to cervical cancer in some women. Common high risk HPV infections which cause cervical cancer are HPV 16 and 18 and have been found in 70 percent of cervical cancers. Recently two injectable HPV vaccines have been manufactured which are given as a series of 3 injections over 12 months. It has been shown that these vaccines can reduce the incidence of HPV infection and cervical pre-cancer in vaccinated women. They are usually given before the onset of sexual activity, for example in young girls starting in their teens. However there are several remaining questions about the efficacy of these vaccines. For example, there is yet no proof that these vaccines will prevent invasive cervix cancer (as opposed to precancer) in the long term. Moreover it is not yet known whether immunity against HPV infection will last for several decades over which cervical cancer slowly develops. Because of these questions the vaccines have not yet been incorporated in the Indian immunization program. It is currently recommended that all sexually active women should undergo regular VIA or Pap smear screening at regular intervals starting from the age of 25 years. - Times of India, October 20, 2012

## Herbal Extracts Help Fight Cancer



### *Botanical formulae, effective against breast and prostate cancer, have no side-effects*

Three unique botanical supplements — a breast formula; a prostate formula, and a preparation called modified citrus pectin (MCP) — derived from citrus peels, are proving to be the most remarkable weapons in the battle against cancer. Researchers have found that they suppress cancer invasiveness, modulate the expression of cancer cell cycle genes and decrease metastasis — without leading to toxic

side-effects. Daniel Sliva, associate professor at the Indiana University School of Medicine in the US, shared the findings recently. "The more we investigate these supplements, the more we understand their abilities to thwart cancer via different pharmacological mechanisms," said Dr. Sliva. "These formulas have had positive results against some of the most difficult cancers to treat — triple-negative breast cancer and hormone refractory prostate cancer," he stated. The study showed that the breast formula substantially decreased tumour growth and breast-to-lung metastasis in aggressive, triple negative breast cancer. This formula combines eight potent herbal extracts and active nutrients. The botanical prostate formula demonstrated significant results against aggressive, androgen-independent, (i.e. hormone refractory) prostate cancer. It contains 33 botanical extracts and active nutrients. Results show the formula also decreased the expression of specific genes implicated in prostate cancer and metastasis. It was also shown to increase the expression of a gene that inhibits prostate cancer. - Times of India, October 15, 2012

# CHARITY SALE!



Aarav Therapy Lamp



Tiffin Bag



Candles



Pen Box



Crochet Bag

For inquiry call : Mr. Gajendra Sharma  
(Officer Rehabilitation CARF)  
on **2300 5000**

All proceeds from the sale of articles made by poor cancer patients will go towards their welfare.



## Risk of stillbirth 210% among smokeless tobacco users: Study

The evils of smokeless tobacco consumption may be well documented but little is known about its devastating effects on the reproductive health of women. Globally, studies have associated low birth weight, pre-term births and stillbirths with smokeless tobacco consumption by women during pregnancy.

A recent Lancet study underlined that 66% of the global stillbirths take place in India. While tobacco consumption does not list among one of the top reasons for stillbirths, there is emerging evidence that consumption of gutka and areca nut, considered harmless and even healthy in some parts of the country, may have a significant role to play. Anti-tobacco crusaders say there is little or no awareness even among the medical fraternity that consumption of gutka, areca nut (supari) and mishri can harm the unborn child.

A 2004 Mumbai study on 1,217 pregnant women consuming smokeless tobacco during pregnancy showed that babies born to them were 105grams lighter than those of non-users. It also found that women using smokeless tobacco on an average gave birth six days prior to reaching full term. Dr PC Gupta, the principal investigator, said, "It was a huge indicator given that the baby does not get adequate time to grow." He said the most worrisome finding was that the risk of stillbirth was twice as high as compared

with non-users. Gupta said that while usage of gutka was limited in women, its usage increased the risk of a stillbirth by 210%

"Problem with consumption of smokeless tobacco is that its use is socially accepted whereas smoking is not," said Gupta. "This does not change the fact that even smokeless tobacco can cause foetal damage which could be on a par with damage caused by maternal smoking," he said. There have been several reports of neo-natal withdrawal syndrome in newborns of women who chewed betel nut during pregnancy. The chemicals and metals inside the areca nut are known to cause adverse birth effects. Even international studies, including one in Australia, concluded that high use of "pure" areca nut among pregnant women had an impact on birth weight. Following the study, it was advocated that prevention programmes in pregnant women should include betel nut chewing as a risk factor.

Dr YM Nandanwar, head of gynaecology at Sion hospital, said, "Unfortunately, that kind of awareness is yet to come in those sections of society which consume gutka and pan masala regularly," he said.

"While areca nut is globally proven to cause stillbirths, there is little information on its ill-effects in India. Pure areca nut products make it much more toxic and carcinogenic," said Dr Pankaj Chaturvedi, head and neck surgeon, Tata Memorial Hospital. - Times of India, September 3, 2012.

### CHEW ON THIS

- A population-based cohort study was conducted on 1,217 women between 3 and 7 months of pregnancy to assess the association between smokeless tobacco use and risk of stillbirth. 17% women consumed smokeless tobacco
- 8.9% of smokeless tobacco users had a stillbirth compared to 3.1% among non-users
- Among smokeless tobacco users, the risk of low birth weight rose by 60% and stillbirth by 210%
- Smokeless tobacco use resulted in reduction of birth weight by 105 grams and gestational age by 6.2 days
- Risk of stillbirth was 390% higher among gutka users
- A Pune study on 1,388 singleton births reported 3 times more stillbirths in tobacco chewers



### RISK TO FOETUS

- **Tobacco** in smokeless form contains several carcinogenic and toxic substances
- **The level** of heavy metals such as lead and cadmium in smokeless tobacco poses potential risks to the foetus
- **Smokeless** tobacco use during pregnancy has been associated with growth restriction, pre-term delivery and placental morphologic changes
- **Nicotine** may have a direct toxic effect by inducing a change in central respiratory control mechanism

## Ovarian Cancer

Ovarian cancer accounts for about four per cent of all cancers in women. However it is a highly aggressive cancer and is one of the leading causes of death. Unfortunately early-stage ovarian cancer usually causes either no symptoms or very non-specific ones such as abdominal bloating, loss of appetite, dyspepsia and sometimes even urinary complaints. Therefore almost three-fourths of women are diagnosed in the third or fourth stages. In these patients many effective treatment options are available including surgery, chemotherapy and targeted therapy. However, only a minority of these patients will be cured of their disease. The cure rate for early stage ovarian cancer is close to 90 per cent whereas it is less than 20 per cent for advanced stage patients. Some of the risk factors for developing ovarian cancer include not giving birth to any children and exposure to talcum powders. In less than 10 per cent of patients there is a hereditary basis for this cancer with other members of the family also at risk. This is generally due to germline mutations in specific genes like the BRCA1, BRCA2 and others. Several attempts have been made to try to detect ovarian cancer in early stages by various screening techniques. It is currently recommended that women should not ignore nonspecific but persistent abdominal symptoms and should report to their doctors earlier. - Times of India, October 20, 2012



## The Tenth Women's Cancer Initiative



There is an increasing trend to be more patient-centric in the treatment being offered to women with breast cancer. Body image is an important component of a woman's self-esteem and confidence. Complete breast removal (mastectomy) used to be the standard surgery in the past. This has, thankfully, changed in the last 10 years. Although variable, many specialised Indian centres are offering breast conserving surgery to nearly three quarters of women with early breast cancer. Even women with larger tumors are able to save their breasts in one-third of cases. The remaining women who have to undergo mastectomy also have newer options which are currently being offered only in select centers. Tata Memorial Hospital has endeavoured to offer

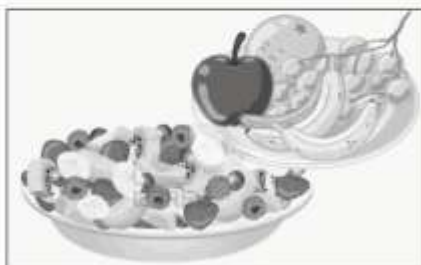
many such techniques to its patients including free tissue transfer from other parts of the body such as the abdomen wall, thigh, upper and mid-back, buttocks, to reconstruct the breast.

This October, tenth year in succession, Tata Memorial Hospital has organised its Annual Breast Cancer Conference. The pre-conference workshop is dedicated to the theme of Reconstructive and Oncoplastic breast surgery. The aim is to disseminate knowledge and skills in restoring and maintaining cosmesis in these women. International experts from UK and USA along with a team of experts from the Tata Memorial Hospital and other leading Indian surgeons will perform live surgeries to demonstrate how best the breast can be remodeled after removing the cancerous region. The main Conference will discuss other modalities of local control of breast cancer including radiation therapy, which is an integral component of conserving the breast. A detailed discussion on maximizing the benefits and minimizing the side effects of all local treatments will take place in the meeting. The Homi Bhabha Block of Tata Memorial Hospital will be 'lit pink' on the landmark occasion of the 10th successful year of Women's Cancer Initiative and its Conference. It is hoped that many more women will be able to live happier and healthier lives due to these efforts.

- Times of India, October 20, 2012

## Healthy Diet, Exercise is Key

*Even though the cases of cancer in Indian women are one-third of what developed countries record, we have the potential to wipe out 70 per cent of different types of cancers in Indian women. Read on to know more about cancer cases in India*



### A woman's mantra to reduce breast cancer risk

- Avoid, prevent and reverse obesity.
- Do regular physical exercise – at least 4-5 times a week lasting for at least 30 minutes. Not a 'stroll in the park' but reasonably strenuous.
- Eat healthy – avoid high-fat high calorie processed foods. Eat plenty of fruits, greens and salads.
- Avoid alcohol and tobacco.
- Breastfeed your children for at least one year.
- Have one or two children, preferably before the age of 30 years.
- Don't ignore lumps. Be aware of the possibility of breast cancer.
- Be aware of your breast – learn to regularly and systematically self-examine your breasts from a young age.
- Have yourself screened for breast cancer once every two years if you are over the age of 50 years. Clinical breast examination by a trained health worker or doctor is as effective as a mammogram.
- There is no proof that mammogram screening is useful in younger healthy women below the age of 50 years.
- If many members of your close family have been diagnosed to have breast and/or ovarian cancers, seek expert genetic counseling to reduce your risk.
- Don't panic if you have been diagnosed to have breast cancer. It is curable in the overwhelming majority of women especially in early stages.



## Oration & Awards 2012

### Lifetime Achievement Award in the field of Cancer



**Dr. A.V. Lakshmanan**  
Advisor II Cancer  
Institute Ex Director  
Cancer Institute, Chennai

### Award for Excellence in the field of Oncology



**Dr. R. Ravi Kannan**  
Director, Cachar  
Cancer Hospital and  
Research Center, Silchar

### Award for Outstanding Contribution in the field of Cancer



**Dr. (Capt.) Ritu Biyani**  
Dental Surgeon & Cancer Survivor  
turned Cancer Crusader Founder  
& Project Director,  
HIGH>>WAYS.INFINITE,  
Member-UICC, WHO GDG, IAPC



CARF Oration and Awards 2012 was held on 22nd December at Rangswar, Y. B. Chavan Centre,. The hon'ble speaker Dr. A.V. Lakshmanan Advisor II Cancer Institute, Ex Director Cancer Institute, Chennai shared information on "The Evolution of Medical Physics & Nuclear Medicine. Shri S. K. Srivastav GM, Zonal Branch, Central Bank of India, and Mr. K. V. Srinivasan, CEO, Reliance Commercial Finance gave away the awards. CARF thanks Reliance Commercials and Central Bank for co-sponsoring the event.



Audience



Prof. A. A. Kazi felicitating Shri. K. V. Srinivasan (l) and Shri. S. K. Srivastav(r)



## Breast Cancer Week



Screening of cancer awareness films was organized by CARF for the young girls of Municipal school - Byculia West. During the entire week all the staff members of CARF wore pink ribbons for general cancer awareness.



## In the Fight For Life

*The moment a person receives news that cancer has struck, emotions of anxiety and fear set in, along with the instant thought of impending death. Courage is no longer a friend. Yet, there are a few who decide to stand up against their enemy and fight with all their will. Survivors, they are called; victors, not victims any more.*



Making the news every second day are alternative forms of treatment for cancer such as stem cell therapy, which today markets the use of animal cells for effective treatment. While measures towards a concrete cure are being rapidly considered, cancer continues to plague the lives of many; countless numbers of young, innocent victims included. One such heart-warming story begins with a youthful boy of 12, Master Salman Ahmed Qureshi, a survivor of acute lymphoblastic leukemia.

They say all it takes to shatter one's world is the mere mention of the word, "Cancer" and the thought of losing a loved one to the dreaded disease. With Salman Ahmed's family, it was no different. Diagnosed with the serious form of blood cancer in 2010, in the 3rd standard, Ahmed was caught unaware while his family was left shocked and disturbed. After certain test like Bone marrow investigation, it was revealed that the boy had cancer, following which he was subjected to 5 difficult chemotherapy and 4 radiation sessions. As friends and well-wishers from nearby came to visit him and offer their prayers, his parents, particularly Ahmed's mother, worked very hard to look after her son and keep her faith strong.

The will of God eventually came forth... as two year later, Ahmed is now completely cured; healthier and quick to even set his goals on a job in the government sector. It is in success stories like these that the Cancer Aid & Research Foundation takes pride in its work, all made possible with the faithful support from noble donors. While chest and related pains continue to occur at intervals, the young Ahmed has most of his happy childhood returned to him, with the constant support of his family. The boy's mother affirms that just as her son is a survivor, your loved one can be a winner too; all you have to do is fight a lasting fight and keep the faith.

*Your help can save a precious life*  
**PLEASE DONATE GENEROUSLY**



## Fun Ride



CARF thanks Jet Airways for once again organizing an aeroplane ride over the metropolis of Mumbai for its child cancer patients on Children's Day.

Magic show, dance and music, gifts by CARF and Jet Airways made the day very special for the young child patients.

## Medical Camp



CARF conducted a medical camp at Govandi (Tata Nagar) in December in collaboration with The Muslim Ambulance Society. *MLA Nawab Malik* was the Chief Guest. This camp was attended by many poor people. CARF thanks Dr. Wasim Populankar, Dr. Sohail, Dr. Wasim Ansari, Dr. Savita Anand and Dr. Rizwana Shaikh for their help and support during this camp.



- Registered under the Bombay Public Trust Act, 1950.
- Donations exempted under 80G of the Income-Tax Act, 1961
- E-mail: cancerarfoundation@yahoo.com | carf@cancerarfoundation.org
- Website: www.cancerarfoundation.org
  - ✓ Funding and services for cancer treatment including surgery, Radiotherapy and Chemotherapy.
  - ✓ Cancer Research.
  - ✓ Cancer Education through CARF News Bulletin, Patients information leaflets and e-news letter.
  - ✓ Cancer screening and Detection Programme.
  - ✓ Anti Tobacco and Cancer Advocacy.
  - ✓ Free ambulance service provided to patients all over Mumbai / Thane
  - ✓ Counselling for Cancer patients their families and cancer hotline.
  - ✓ Providing free Cancer Drugs, Prosthesis & Instruments, to poor cancer patients.



The Govt. of India has also permitted us to receive overseas contributions under FC(R) Act, 1976 vide Registration No. 083780936. The same can be credited to 'Cancer Aid & Research Foundation' S.B A/c. No. 026104000088372. IDBI Bank, Prabhadevi Branch, Mumbai- 400 025. INDIA.

Please draw your cheque in the favour of **Cancer Aid & Research Foundation** and send it to its

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All views expressed in the CARF News Bulletin belong to the author. The Foundation need not necessarily subscribe to them.

Chief Editor : Prof. Dr. Rehan A. Kazi - MS, DNB, FICS, FACS, FRCS, PhD Hon. Chair in Head, Neck Cancer Research : Manipal University, India, Hon. Associate

Professor : University of Warwick, England Sr. Editor : Mrs. Shahina I. Kara • Sr. Manager (Publicity & Publication) : Mrs. Tabassum Khan

Layout : Mrs. Tejashri G. Achwal • Photography : Mr. Kamran Siddhiqui

## Christmas Party



A Christmas party was organized by CARF for young cancer patients. Santa Claus distributed gifts to all - courtesy Mr. Manoj Tahiliani. A magic show was held for the children which was thoroughly enjoyed by them. The celebrations ended on a dancing and singing note.

**PLEASE DONATE GENEROUSLY and help CARF**  
save lives of the poor and needy cancer patients

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